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Jc975 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Title of Invention

Methods and Compositions for Detection
of Disease

Named Inventor(s)

Elliot R. Ramberg

Attorney Docket

03038-0243 (42892-252946)

Express Mail Label No.

EL561427414US

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09/776568

02/02/01

APPLICATION ELEMENTS

1. ☐ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims Small Entity status
3. ☒ Specification, Claims,
and Abstract Total Pages 64
4. ☒ Drawings Total Sheets 7
5. ☐ Oath or Declaration Total Pages
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 16
completed)
The entire disclosure of the prior application, from which
a copy of the oath or declaration is supplied under Box
5b, is considered as being part of the disclosure of the
accompanying application and is hereby incorporated
by reference therein.
- (i) ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior
application, see 37 CFR 1.63(d)(2)
and 1.33(b).
6. ☐ Microfiche Computer Program (Appendix)

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

ACCOMPANYING APPLICATION PARTS

7. ☐ Nucleotide and/or Amino Acid Sequence
Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of
above copies
8. ☐ Assignment:
 - a. ☐ Assignment Papers (cover sheet &
document(s))
 - b. ☐ Assignment is of record in parent
application No. _____
9. ☐ 37 CFR 3.73(b) Statement
(when there is an assignee)
☐ Power of Attorney by assignee
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS) PTO-
1449
☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Certified Copy of Priority Document(s)
15. ☐ Other: _____

16. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Recite complete dependency back to first parent application: _____

17. CORRESPONDENCE ADDRESS:

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